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Original Article

Perspectives of Cardiac Care Unit Nursing Staff about Developing Hospice Services in Iran for Terminally ill Cardiovascular Patients: A Qualitative Study

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ABSTRACT

Introduction: The present study was conducted aiming to determine the points of view of cardiac care units' nursing staff about designing and providing Hospice services in Iran for cardiovascular patients in the final stages of life.

Materials and Methods: In this qualitative study, the perspectives of 16 Cardiac Care Unit (CCU) nurses selected purposefully among hospitals of Tabriz-Iran University of Medical Sciences were investigated using semi-structured interviews and were analyzed in content analysis method.

Results: 33 themes were finally extracted. Some nurses were for and some were against designing and providing Hospice services in Iran. The main reasons identified for supporting this plan included: Possibility of designing and providing these services consistent with high ethical values of Iranian society; approval of authorities due to increasing the load of chronic diseases and aged population; need of families due to the problems in taking care of patients and life concerns; better pain relief and respectful death; decrease of costs as a result of lower usage of diagnostic-therapeutic services, less use of expensive facilities and drugs, and better usage of hospital beds.

Conclusion: Growing load of chronic diseases has made the need for Hospice as a necessary issue in Iran. In order to provide these services, studying the viewpoints of health service providers is inevitable. Therefore using and applying the results of this study in planning and policy making about designing and providing these services in Iran for cardiovascular patients in their final stages of lives could be helpful.

Key words: Cardiovascular patients, Development, End-of-life, Hospice services, Iran, Nurses, Point of view

INTRODUCTION

Cardiovascular diseases is a common chronic disease all around the world causing high rate of mortality and disability.^[1,2] World Health Organization estimates that by 2020, 25% of healthy life years would be wasted as

a consequence of cardiovascular diseases and most of these patients originate from developing countries.^[3] Studies conducted in Iran show that mortality resulting from cardiovascular diseases is the primary reason of death in Iran.^[4-6]

Nowadays the main approach of caring these people in developed countries is providing Hospice services. Hospice is a place of care designed to provide continued care at end of life. Generally Hospice means specified cares in order to create relaxation and support of patient and his/her family in a time that long-term treatments have not been useful and death is inevitable.

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Agnes and colleagues^[7] showed that there are important differences between American and Hungarian doctors' ideas and attitudes about end-of-life cares. Since death of these patients (end-of-Life) is inevitable and considering the fact that no Hospice services have been designed and provided yet in Iran, and as the results of searches show no study has been conducted on this topic in Iran and studies conducted in other countries on cardiovascular patients are limited,^[8,9] there is a great need for designing and providing Hospice services in Iran. In order to do so, first attitudes and points of view of people involved in this issue should be investigated. One of the most important group of these people are nurses who are responsible for the major part of providing services in health and care unit and have important role in taking care of these people.^[10] Therefore current study aims to investigate the points of view of nursing staff about designing and providing Hospice services in Iran for cardiovascular patients in their final stages of life.

MATERIALS AND METHODS

This is a qualitative study aiming to investigate the points of view of nursing staff about designing and providing Hospice services in Iran for cardiovascular patients in their final stages of life. The reason of selecting qualitative method was its ability in accessing to the inside story of participants and extracting their experiences, knowledge and their silent information.^[11] Participants were nursing staff of Cardiac Care Unit (CCU) in hospitals of Tabriz University of Medical Sciences. These people were selected due to their high experience facing with cardiovascular patients in the final stages of life and also having wide and rich information about cardiovascular cares provided to patients and their conditions. Inclusion criteria were having at least 5 years of working experience in CCU, having adequate and proper knowledge of Hospice care, and having tendency and ability for participating in study. To select participants, propulsive sampling method was used. In this method some people are selected as participants who have the most and the richest information and who are able to convey their information in the best way to researchers.^[12] This continued up to reaching informational saturation; that is a stage in which researchers feel that no information could be gained by sampling.^[13] In current study 16 participants were required to meet the sampling requirement. Data were collected using semi-structured interviews. During interviews, guiding questions were used which were questions about: Possibility of designing and providing these services in Iran, welcoming of authorities, service providers, patients,

families, cultural and religious condition of Iranian society about designing and providing these services, costs of these services, and official and legal aspects. Duration of each of interviews varied between 45 and 90 minutes. To standardize interviews, the interviewer was trained and some demo interviews were conducted before starting the study, results of which were not analyzed. Interviews were conducted actively. Participants' speeches were recorded after acquiring their permission and also interviewers were taking notes to register information during interviews. Texts of interviews were immediately listened to by researchers for some times and were transferred to Word 2007 software. To analyze data, thematic analysis method was used. Responded validity was used for rigor of data in a way that at the end of session, speeches of attendants were summarized and represented to them in order for validity of notes to be verified by attendants. Also peer checking and immersed data, which are methods of creating rigor data were used.^[14] To consider ethical issues which are very important in qualitative studies^[15] informed consent of participants was acquired and participants had the right of leaving study in any stage by their free will. Moreover study objectives were clarified to participants at the beginning. To conduct this study, moral verification was acquired from regional committee of ethics in research located in Tabriz University of Medical Sciences.

RESULTS

In this study, perspectives of 16 nurses working in CCUs of hospitals of Tabriz University of Medical Sciences - Iran, about designing and providing Hospice services for cardiovascular patients in their final stages of lives were investigated. Some of the nurses were for providing and designing these services in Iran for cardiovascular patients and some were against this issue. Finally 33 themes were extracted in 8 general under study fields, which have been shown in Tables 1 and 2.

DISCUSSION

The results of current study showed that some nurses support designing and providing these services in Iran and have a positive point of view about it. The main reasons of this people for their support are: Possibility of designing and providing these services with regard to high ethical values in Iranian society; welcoming of authorities due to increasing load of chronic diseases and aged population; welcoming of service providers due to sense of philanthropy; welcoming of families due to the problems in taking care of patients and life concerns;

Table 1: Perspectives of nurses about designing and providing hospice services for cardiovascular patients in their final stages of life Group 1 - Nurses supporting hospice services

Theme	Codes	Quotation
Possibility	Moral and humanistic values, proper planning, proper cooperation	"In my opinion...since moral values in Iranian society are more highlighted than other societies...providing these services could be pretty possible." "Like other plans, this plan could be possible if there would be high cooperation and coordination". "...we should pay attention that possibility of any plan in our country needs too much time..."
Authorities	Increase of chronic diseases (especially cardiac) and increase of aging	"Considering increasing aged population and number of chronic patients such as cardiac patients, authorities would have special attention to these services..."
Service providers	Sense of philanthropy	"Although it is difficult, but our nurses and other health team members have high philanthropy sense in Iran...so they would welcome warmly."
Families	Problems of taking care of patients in their final stages of life, problems and concerns of family	"...lack of knowledge about caring mentioned patients...they need some center to take care of them..." "...families who are so busy and cannot care these patients...will welcome this plan"
Patients	Lower pain and respectful death	"...many patients consider themselves dependant to family and as a result feel themselves as a burden and want to escape of this situation...they will welcome these services..." "Most of the patients and their family will agree on this plan in order for patient to suffer less in his end life and relax..." "...maybe since some patients feel they would have a respectful death beside their families...they prefer to be cared by such services, for example want others to read Quran for them..."
Society	Considering humanistic values in Iranian society	"...in my idea, religion is so important, the beliefs of people and society and sense of ministering to their dears in their end life...these services will be welcome by society..."
Costs	Better usage of hospital bed, decrease of diagnostic-therapeutic service, decrease in consumption of facilities and drugs	"...because I told some hospital beds would not be occupied unduly...some services like radiology would be used less..." "...time of nurses would not be wasted...expensive drugs would be used less...medical facilities would be required less..."

welcoming of patients due to the feeling of disturbing family; lower pain and respectful death; welcoming of society due to sublime humanistic values; decrease of costs as a result of lower usage of diagnostic-therapeutic services, of expensive facilities and drugs and better usage of hospital beds. On the other side, some nurses were against designing and providing these services for cardiovascular patients in our country because of lack of cooperation of physicians, lack of resources and cultural conditions of society, low motivation of authorities and operational problems, problems for women providers and lack of time, lack of support by families due to cultural and religious issues, lack of support by society due to traditionalistic nature of people, lack of awareness of people and lack of trust on service providers, increase in costs as a result of increasing need for more human resources and their training and need for more space for providing these services. Most of the nurses have a positive point of view of Hospice services but some of them were disagreeing on its designing and implementing due to conditions of our country. Previous studies conducted in this field showed that nurses, physicians and other health service providers have a positive point of view about Hospice services which is in accordance with the results of this study. [7,16-18] Therefore since having positive attitude of Hospice

service providers could be one of the main conditions and requirements needed for designing and implementing these services, changing point of view and attitudes of these people before designing and providing services seems necessary. As in many parts of the world providing required trainings to students and health service providers has been considered as effective strategy for this purpose, and much educational interventions are designed and implemented for this regard.^[19] It seems that considering educational credits for nursing courses in Nursing Faculties and holding training courses for nurses in their working place could have an effective role in acquiring positive attitude toward Hospice services in points of view of nurses.

Based on the results of study and perspectives of nurses, it is possible to conclude that patient's family could play an important role in providing Hospice services in Iran. In this field, Hauser and Kramer^[20] believe that families have a main and direct role in providing Hospice services to patients. Beside the supporting and caring role of family members, which is necessary, the skill and abilities of family members in taking care of patients is also very important matter. In a qualitative study conducted aiming to design the framework of medication management skills of family members in caring of patients at their end life and providing

Table 2: Points of view of nurses about designing and providing hospice services for cardiovascular patients in their final stages of life Group 2 - Nurses opposing hospice services

Theme	Opponents	Quotation
Possibility	Lack of cooperation of physicians, lack of resources and economical problems, cultural conditions of society	"...just like other plans, this plan would encounter failure as a result of lack of their cooperation and attention..." "With current economic downturn there is almost no hope to provide these services in Iran". "Some families are too traditional as a result of their beliefs and because of such beliefs they may consider this as a rejection and would not be so satisfied...maybe these services could not be possible..."
Authorities	Low motivation of authorities, operational problems	"Authorities of our country have no motivation for such things..." "Maybe they welcome but...I am not sure about implementation level. I mean they welcome but not so practically..."
Service providers	Cultural problems for women, lack of enough time	"You know...working with these patients needs special spirit and every one cannot do it...I don't think nurses and others would like it..." "...maybe it is easy for men to provide these services in patients' houses...but it is difficult for women in some aspects...I think women will disagree more..." "one wants it but time is too short"
Families	Beliefs, religious and cultural issues of families	"...it seems traditional Iranian society will make it difficult to accept these services...or traditional families won't accept these services".
Patients	-	-
Society	Being traditional and lack of knowledge of people, lack of trust on providers	"...however I think that the same limitation of traditionalistic nature and low knowledge of people...welcome of these services would be low..." "...unfortunately in our country people and society have not required confidence in providers and acceptance of these services would be low..."
Costs	Need for more human resources, more space, training human resources	"...places should be prepared for these services...we should hire medical staff and personnel..." "...I think this program needs centers with required utilities and expert staff...and we should add the costs of training..."
Legal and official aspects	Problems with legislation	"...in Iran it takes many years for an act to be legislated..."

Hospice services to them, role of family members is also mentioned, especially their caring skills.^[21] Therefore in order to design and provide Hospice services in Iran, it is better to train family members of patients and make the best benefit of their supports.

Some participants expressed that providing Hospice services could decrease health and medical costs. It is possible to mention to decrease in hospitalization period, not using expensive drugs, and limited usage of experimental tests as the main important reasons of these people. This decrease is also shown in the study of Pedro and colleagues^[22] in 2008, which investigates costs paid by government to these services. On the other hand, some nurses believed that as a result of need for more human resources, need for more space and facilities, training medical staff and families and some other reasons, designing and providing these services could cause increase in medical and health costs. So before designing and providing these services, it is necessary to conduct pilot study of cost-effectiveness and economical evaluation studies. Also proper managerial acts would be necessary to control and decrease costs if these services would be designed and provided.

By analyzing and coding the statements of participants of the study (opponents and supporters), it is possible to

conclude that communications and culturization among policy makers and managers, providers of health and medical services especially Hospice services, patients, family members and society have very important role in acceptance and success of providing Hospice services.^[23-25]

Lack of information and knowledge of nurses were one of the barriers of this study, and to overcome this problem, researchers provided nurses with some notes before interviews, so they could collect some information about the subject matter.

CONCLUSION

Due to increasing load of chronic diseases and aged population in Iran, the need for designing and providing Hospice services is felt more than before. By analyzing perspectives of nurses in this study, the aspects of designing and providing these services for cardiovascular patients in their end life, its operational aspects, and conditions of current Iranian system about designing and providing these services were investigated. Using and applying the results of this study in planning and policy making for designing and providing Hospice services in Iran could be useful.

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